Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **March 16th through 31st**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED 03/19/03		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	YSTATE	State Application Mentifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	<u> </u>		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit;	
1 0	alifornia City	7		ndustrial Park
Address (give city, county, State,	and zip code):	<u> </u>	Name and telephone i	number of person to be contacted on matters involving
	ienda Blvd. a City, CA 93	3505	this application (give a	700-3/3-71/0
			Jack Stewa	art, City Manager
B. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95-2408	7 6 3		A. State	H. Independent School Dist.
B. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	B. County	1. State Controlled institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University
			D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decresse Duration Other(s				
			9. NAME OF FEDERA	L AGENCY:
	A 18 - 44 - 44 - 44 - 44 - 44 - 44 - 44 -		US	SDA
CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NL	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
	ſ	10-769		nfrastructure
				ndus trial Park
TITLE: KUTAL BU	siness Enterp	rise Grant	l milipoit i	1 1 1 1 (0)
112. AREAS AFFECTED BY PRO	uzut (Unios, Counties, Sie	res, etc.):		
City of Califo	rnia City, Ke	rn County		
	14. CONGRESSIONAL DIS	STRICTS OF:	st District	LLL MAR 2 8 2003 . 3
Start Date Ending Date	e. Applicant	<u></u>	b. Project	
8/01/03 11/01/03		fornia City	1	fragtification
15. ESTIMATED FUNDING:			16. IS APPLICATION S	frastructure ADMO LOGICE CONSTRUCTION CONSTRU
			ORDER 12372 PRO	A CONTRACTOR OF THE PROPERTY O
a. Federal	\$	ສມ		
	65,	000		PPLICATION/APPLICATION WAS MADE
b. Applicent	\$ 65,			TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
Ic. State	\$	<u>.</u> %	PROCESS	OR REVIEW OIV:
	N/A		DATE 03/	19/03
d. Local	s N/A	jev	b. No. T PROGRAM	I IS NOT COVERED BY E. O. 12372
e. Other	\$, c		RAM HAS NOT BEEN SELECTED BY STATE
	N/A		FOR REVIE	EW
If. Program income	s N/A	.00	17. IS THE APPLICANT	T DELINQUENT ON ANY FEDERAL DEST?
ig. TOTAL	r	000.0	Yes If "Yes," at	1
118. TO THE BEST OF MY KNOW		and the second s	. e	ON ARE TRUE AND CORRECT, THE
CUMENT HAS BEEN DULY A	UTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
FACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR			The state of the s
E. Type Name of Authorized Repte	sentativa	o. Title	C	. Telephone Number
Jack Stewart I Signafine of Authorized Represe	Atatha	City Mana		760-373-7170
Ack HUR	1/20/0		e	03/19/ 0 3

13:26

Figure 1: SF-424

APPLICATION FOI	R			OMB Approval No. 0348-0043	
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED	Paradistriction	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Construction [Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Idantiller	
Non-Construction	Non-Construction				
6. APPLICANT INFORMATIO Legal Name:			ToIncident Links		
Tri-County Econ	omic Development	Dar War	Organizational Unit:		
Address (give city, county, Sta	ale, and zip code):	Wothollankon	Natine and telephone	number of person to be contacted on matters involving	
2540 Esplanade,	11 /1	•	this application (give si	erea code)	
Chico, Butte Co	unty, CA 95973M	IAR 27 2003	Marc Neman1	1c (530) 893-8732	
6. EMPLOYER IDENTIFICATI	10N NUMBER (EIN):	TEADING HOL	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box) N H. Independent School Dist.	
8. TYPE OF APPLICATION:	in the to	ALEAKING HOL	SE County	I. State Controlled Institution of Higher Learning	
	lew X Continuation	Revision	C. Municipal	J. Private University	
			O. Township	K. Indian Tribe	
If Revision, enter appropriate i	ener(s) in box(es)		E. Interstate	L. (ndividual	
A. Increase Award B. D	Decrease Award C Increase	- Ouration	F. Intermunicipal G. Special Clerko	M. Profit Organization N. Other (Specify) EDD	
D. Decrease Duration Other) Duration	G. Special District	N. Other (Specify) EDD	
	••		9. NAME OF FEDERA		
				tment of Commerce,	
				evelopment Administration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
<u> </u>		11 - 302	Implementati	ion of long-range economic	
TITLE: for PI	lc Development Suranning Organizati	pport	development program designed to encourage		
12 AREAS AFFECTED BY P	ROJECT (Cities, Counties, Sta	on itea. etc.);	new employme	ent opportunites and to foster	
Butte, Glenn &	Tehama Counties	and the	a stable and	d diversified local economy and	
	Tehama Counties (improved loc	cal conditions so as to alleviat	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	the substant in the tri-c	tial unemployment/underemploymer	
Start Date Ending Date] FF		b. Project		
7/1/03 6/30/04	. 2		2		
15, ESTIMATED FUNDING:	-	,		SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$, 20	ORDER 12372 PR	OCESS?	
b. Applicant	67,000	· .		APPLICATION/APPLICATION WAS MADE	
		-	1	FOR REVIEW ON:	
c. State	\$.44	DATE3	1/27/03	
d. Local	\$ 22,333		b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	\$, SG	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$, oo		NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 89,333	,005	☐ Yes If "Yes," a	attach an explanation. 😾 No	
18. TO THE BEST OF MY KNI	OVALEUGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATIONPREAPPLICAT	NON ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN OUT	Y AUTHORIZED BY THE GOVERNMENT AND THE ASSISTANCE IS AWAR	VERNING BODY OF THE	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Ple	THE ASSISTANCE IS AVAI	RDEO. b. Title		To Walanting Alicentes	
Marc Neman Administration	Descriative	Executive Dir		c. Telephone Number (530) 893-9732	
d. Signature of Authorise Pres	THE TOWN	T-1		e. Date Signed /	
Previous Edition Updale V	//////			Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduct	ion V		•	Prescribed by OMB Circular A-102	

Prescribed by OMB Circular A-102

APPLICAT	ION FO)R						OMB Approval No. 0348-0043	
FEDERAL			CE	2. DATE SUBMIT 03/31/2003	TED		Applicant Identifier		
1. TYPE OF SUBM	MISSION:			3. DATE RECEIVE	ED BY STATE		State Application Identifier		
Application		Preappli	cation		····				
Construction	n	Cons	struction	4. DATE RECEIVE	ED BY FEDERA	L AGENCY	Federal Identifier		
5. APPLICANT IN			Construction	L					
Legal Name: Self	***************************************					Organization	nal Unit:		
								be contacted on matters involving this	
Address (give city, county, state and zip code): 8445 W. Elowin Court, P.O. Box 6520 Visalia, Tulare County, CA 93290				application (give area code): Collishaw 1-1000 ext. 620	be contacted on matters involving this			
6. EMPLOYER IDI	ENTIFICATI	ON NUM	IBER (EIN):		***************************************	7. TYPE OF	APPLICANT: (enter appropriate		
9 4 -	1 5 9	2 6	7 6			A. State	H. Independer	t School Diet	
8. TYPE OF APPL	ICATION:					B. Count	y I. State Contr	olled Institution of Higher Learning	
	⊠n	OW.	Continu	ation □Re	evision	C. Munici D. Towns	•		
	E-21.4	···		u	24101011	E. Interst	ate L. Individual		
						F. Interm G. Specia		ization ify) Private Non-Profit	
If Revision, enter a	ippropriate le	etter(s) in	ı box(es):			G. Specia	ii District N. Other (spec	rivate Non-Front	
A. Increase A. D. Decrease			crease Award (specify):	C. Increase duratio	on	9 NAME OF	F FEDERAL AGENCY:		
			., .,			Usda Rural Development - Rural Housing Service			
						Osda Kurai Developinent - Kurai Housing Gervice			
10. CATALOG O	F FEDERAL	DOMES	TIC ASSISTANC	CE NUMBER:		11.DESCRIP	TIVE TITLE OF APPLICANT'S P	ROJECT:	
					_	Self-He	elp Housing:		
				0 - 4 2		Assist 256 low and very low income families to build their			
TITLE: Tec	hnical As	ssistan	ice - Rural S	Self-Help Hou	sing		mes through the mutua		
12. AREAS AFFE								and, Recruit And Package	
				rced, Madera		Loan App	lications, And Supervis	e All Construction Activity.	
Fresno, Kings	s, Tulare	, Marip	oosa, Stanis	slaus, Californ	nia				
13. PROPOSED P	ROJECT:	1	4. CONGRESSI	ONAL DISTRICTS	OF:				
Start Date:	Ending Date	٠. ا	. Applicant			b. Projec			
10/1/03	09/30/05	<u> </u>	21			18,	19,20,21,22		
15. ESTIMATED F	UNDING:						APPLICATION SUBJECT TO RE	/IEW BY STATE EXECUTIVE	
a. Federal		\$		3,995,000.0	00	OR	DER 12372 PROCESS?		
b. Applicant		\$				a. `		PPLICATION WAS MADE AVAILABLE E ORDER 12372 PROCESSS FOR	
				RECE	IVED		REVIEW ON:	L ONDER 12072 / ROCESSS FOR	
c. State		\$, I W tom to		DATEMarch 28, 2003		
				1117 0	7 2003	_			
d. Local		\$		MAR 2	1 /1113				
						b. No			
e. Other	s STATE CLEARING HOU		HING HOUS	E	LI OR PROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE FOR			
The state of the s				(12121					
f. Program Income		\$				17 IS T	THE APPLICANT DELINQUENT (ON ANY FEDERAL DERT?	
- TOTAL								F-3	
g. TOTAL		\$		3,995,000.0	0		Yes If "Yes," attach a	in explanation. No	
	HORIZED B	BY THE						CORRECT, THE DOCUMENT HAS THE ATTACHED ASSURANCES IF	
a. Typed Name of A		epresent	ative:		b. Title:	- D: t		c. Telephone Number:	
Peter N. Ca					Executiv	e Directo	I .	(559) 651-1000	
d. Signature of Auth	orized Repr	esentativ	re:					e. Date Signed:	

APPLICATION FOR				OMB Approval No. 0348-00-
FEDERAL ASSISTA	FEDERAL ASSISTANCE 2. DATE SU			Applicant Identifier
1. TYPE OF SUBMISSION:	<u> </u>	3. DATE RECEIVED B	SY STATE	State Application Identifier
Application Construction	Preapplication Construction	A DATE BECENTED B	V FEDERAL ACENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED 6	Y FEDERAL AGENCY	rederal identifier
5. APPLICANT INFORMATION	Carrotte Contraction			
Legal Name:			Organizational Unit:	
CITY OF TEHACHAP			MUNICIPAL	
Address (give city, county, State	, and zip code):		1	number of person to be contacted on matters involving
115 SOUTH ROBINS	ON STREET		this application (give a	•
I	3561		(661)	DAVID A. JAMES 822-2200 EXT. 107
6. EMPLOYER IDENTIFICATIO				ANT: (enter appropriate letter in box)
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlled Institution of Higher Learning Private University
Nev	v Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual
, , , , ,			F. Intermunicipal	M. Profit Organization
i	crease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other	specify):		A NAME OF SERVE	AL ACENOV
			9. NAME OF FEDER	AL AGENCY:
44 04 TALLOO OF FEDERAL D	OMEGIC ACCIOTANCE N	Isanen.	44 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBEK:	TI. DESCRIPTIVE II	TLE OF AFFILICANT S FROJECT.
]	
TITLE:				MAR 2 6 2003
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ites, etc.):		1
CITY OF TEHACHAP	Γ			OTATE OF COMPANY
	14. CONGRESSIONAL DI	PTDICTE OF		- LOTATE GLEAKING HOUS
13. PROPOSED PROJECT REVOLVING LOAN	21st CONGRESSI		(CONGRESSMAN	BILL THOMAS)
Start Date Ending Date	a. Applicant		b. Project	- 4
-				
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
***************************************		00	ORDER 12372 PF	ROCESS?
a. Federal	\$ 60,000		A VES THIS DOE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00		E TO THE STATE EXECUTIVE ORDER 12372
D. / ppilodin	60,000		PROCESS	FOR REVIEW ON:
c. State	\$.00		
		00	DATE	was the cost state for the first pay one for the sea one can be said that
d. Local	\$		h No 50 PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	00		GRAM HAS NOT BEEN SELECTED BY STATE
o. Oanoi	*	·	FOR RE	VIEW
f. Program Income	\$.00		
· ·			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 120,000	.00	Yes If "Yes,"	attach an explanation.
18 TO THE REST OF MY KNO		L DATA IN THIS APPI I	_ CATION/PREAPPLICA [*]	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TI	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep	presentative	b. Title	. D.T.C	c. Telephone Number
DAVID A. JAMES		COMMUNITY DEV	v. DIR.	(661) 822–2200 EXT. 107
d. Signature of Authorized Repre	ssentative			MARCH 18, 2003

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR				
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED March 20	0, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction			
5. APPLICANT INFORMATION			[Oiii 11-ih	
Legal Name: WILLOW CREEK CO		ICES DISTRICT	Organizational Unit: BOARD OF D	
Address (give city, county, State,	and zip code):		this application (give a	number of person to be contacted on matters involving
PO BOX 8 WILLOW CREEK CA	95573		MARC J. ROV 530 629-2136	WLEY, DISTRICT MANAGER
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-1622	8 9 6		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
☑ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)	1	E. Interstate	L. Individual
THE NEVISION, GITTER appropriate loss	C.(6) ## 00A(00)	J	F. Intermunicipal	M. Profit Organization
7.1.1.1.0.00000111110110	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):		9. NAME OF FEDER	AL AGENCY:
			USDA RURAL D	
			RURAL UTILITIE	· · · · · · · · · · · · · · · · · · ·
10. CATALOG OF FEDERAL D			1.	TLE OF APPLICANT'S PROJECT:
WATER AND WASTE D		1 0 - 7 6 0	DISPOSAL FAC	STRUCTION OF WASTEWATER ILITY AND INSTALLATION OF
LOAN AND GRANT PROTITE:			CONNECTING L	_ATERALS IN CENTRAL BUSINESS
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St.	ates, etc.):	AREA OF COM	MUNITY OF WILLOW CREEK.
WILLOW CREEK, HUMB	OLDT COUNTY, CAL	.IFORNIA		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date	a. Applicant DISTR	RICT 1	b. Project	DISTRICT 1
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		- 00	ORDER 12372 PI	ROCESS?
a. Federal		00,000.00		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$	0.00	1	FOR REVIEW ON:
c. State	\$	0.00	DATE	03/18/2003
d. Local	\$	0.00		AM IS NOT COVERED BY E. O. 12372
e. Other	\$	0.00	FOR RE	GRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program income	\$	0.00.	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		00,000.00	1 —	attach an explanation.
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE G	OVERNING BODY OF TH	CATION/PREAPPLICA IE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
MARC J. ROWLEY		DISTRICTMANAC	ER VET	(530) 629-2136 e. Date Signed
	Row ey		<u> </u>	03/20/03
Previous Edition Usable Authorized for Local Reproduction	\mathcal{A}	MAR	2 6 2003	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
	See .	STATE CLE	ARING HOUSI	

			·				OMB Approval No. 0348-0043	
APPLICATION FEDERAL A	ON FOR ASSISTANCE		2. Date Submitte March	d (mm/dd/yyyy) 24, 2003	Applicant	ldentifier		
Type of Submis Application		pplication		by State (mm/dd/yyyy)	State App	licant Identifier		
Construction Non-Construct		onstruction	4. Date Received (mm/dd/yyyy)	by Federal Agency	Federal Id	entifier		
5. APPLICANT IN	FORMATION							
Legal Name:				Organizational Unit:				
County of	f Fresno						and Planning	
Address (give city, county, state, and zip code):			Name and telephone application (give area		son to be contacted	on matters involving this		
2220 Tulare Street, 8th Floor Fresno, CA 93721			Rebecca Mac (559) 262-42	drigal, Gr	cants Mana	ger		
6. EMPLOYER IDI	ENTIFICATION NUM	BER (EIN):		7. TYPE OF APP			В	
9	4 – 6	0 0 0 5	1 2	(enter appropriate letter A. State B. County	· <i>in box)</i> I. J.	State Controlled Private University	Institution of Higher Learning	
8. TYPE OF APPL	ICATION:			C. Municipal	у. К.		y	
	☑ New	Continuation	Revision	D. Township E. Interstate F. Intermunicip	L. M. al N.	Profit Organization	on	
If Revision, enter appro A. Increase Award	opriate letter(s) in box(es B. Decrea		crease Duration	G. Special Distr	-		Agency	
			rease Duration	H. Independent Sci	(Sp	pecify)		
D. Decrease Durati	ion Other (sp	ecify):		1	9. NAME OF FEDERAL AGENCY:			
				U.S.D.A Rural Development				
10. CATALOG OF	FEDERAL DOMEST	IC 1 0		11. DESCRIPTIVI	TITLE OF APP	PLICANT'S PRO	JECT:	
ASSISTANCE	NUMBER: (xx-yyy)	1 0	4 3 3					
				Owner-Oc	cupant Rel	habilitati	on Project	
TITLE: Housi	ng Preservat	ion Grant		in rural	Fresno Co	ounty		
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, st	ates, etc.):					
Fresno Co	unty, uninco	rporated rur	al areas					
13. PROPOSED PI		·	ONAL DISTRICTS C	 DF:				
Start Date	Ending Date	a. Applicant			b. Project			
(mm/dd/yyyy)	(mm/dd/yyyy)		18, 19, 20)		18,	19, 20	
9/2003	9/2004					·	,	
15. ESTIMATED FI	UNDING:		16. IS APPLIC	ATION SUBJECT TO	DEVIEW BY ST	ATE EVECUTIV	E ORDER 12372 PROCESS?	
***************************************	NAMES OF THE STREET, THE STREE	***************************************	a. YES. THI	S PREAPPLICATION/APP TATE EXECUTIVE ORDE	LICATION WAS N	MADE AVAILABLE	TO THE	
			DAT	E (mm/dd/yyyy)	3/21/200	03		
Complete form HUD-424-M, Funding Matrix b. NO.		PROGRAM IS NOT COVERED BY E.O. 12372						
			OR 🗆	PROGRAM HAS NOT BE	EN SELECTED B	Y STATE FOR REV	/IEW	
			Yes	PLICANT DELINQUE!	anation.	\boxtimes	No	
18. TO THE BEST OF MY I	KNOWLEDGE AND BELIEF,	ALL DATA IN THIS APPLIC	ATION/PREAPPLICATION	ARE TRUE AND CORRECT. 1	HE DOCUMENT HAS	BEEN DULY		
a. Typed Name of Auth		LICANT AND THE APPLIC	ATT WILL COMPLY WITH	THE ATTACHED ASSURANCE	S IF THE ASSISTAN		c. Telephone number	
Richard L. B	rogan			pirestor E	N E	1	(Include Area Code) (559) 262-4168	
d. Signature of Authoriz	ed Representative)		الله الله	ы V 43		5	
Kich	end L. I	5~5c-	- I resident	MAR 2	6 2003		e. Date Signed (mm/dd/yyyy) March 21, 2003	
revious Edition Usabl 797)	le	$\langle \mathcal{I} \rangle$	1"				Standard Form 424	
,				Plante a serie pine più a mora a m	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Pre	escribed by OMB Circular A-102	

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FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1666				
Recipient Name:	CITY OF TORRANCE			- 20	一一
Project ID:	CA-90-Y186	4	E G	V II S	[] n]
Budget Number:	1 - Budget Pending Approval		<u> </u>	3 4	
Project Information:	FY 2003 Capital Assistance	111/3/1			
Part 1: Recipi	ent Information		MAN	2 6 20	
Project Number:	CA-90-Y186	and solve	TE CLE	=ARING	HOUSE
		→st/	ATE CLE	EARING	HOUSE
Project Number:	CA-90-Y186	STA	ATE CLE	EARING	HOUSE
Project Number: Recipient ID: Recipient Name:	CA-90-Y186 1666	+st/	ATE CLE	EARING	HOUSE
Project Number: Recipient ID:	CA-90-Y186 1666 CITY OF TORRANCE	STA	ATE CLE	EARING	HOUSE

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project	\$3,961,25
Project Number:	CA-90-Y186	Cost:	
Project Description:	FY 2003 Capital Assistance	Adjustment Amt:	\$
Recipient Type:	City	Total Eligible Cost:	\$3,961,250
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total FTA Amt:	\$3,237,000
1 1A Froject Mgr.		Total State Amt:	\$664,250
Recipient Contact:	3106186266 A.Rose- J.Mills- A.Ochoa	Total Local Amt:	\$60,000
New/Amendment:	None Specified	Other Federal	\$6
Amend Reason:	Initial Application	Amt:	
		Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified		
Sec. of Statute:	5307	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003	S.C. Eff. Date:	None Specified
	GCI. 61, 2002 - 1404: 30, 2000	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award	,,
EO 12372 Rev:	YES	Authority?:	Yes
Review Date:	Oct. 07, 2002	Fed. Debt	Na
Planning Grant?:	NO	Authority?:	No
Program Date		Final Budget?:	No

(STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Urbanized Areas

UZA ID	UZA Name
	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects -

- 1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.
- 2. COP Bus Lease Payment: This is the year 10 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.
- 3. Bus Engine and Transmission Replacement: Staff will use capital funds to purchase twenty-three replacement engines and transmissions.
- 4. Bus Tire Replacement: Staff will use project funds to purchase replacement tires for the entire bus fleet. Each bus uses six tires and all six tires are replaced one to two times per year based on wear and mileage.
- 5. Bus Refurbishment: Refurbish and rebuild two 40ft transit buses: with new seats, new interior, new headsigns, new paint, etc.
- 6. Operations Office Modification: Renovation of Operations facility including the addition of new offices and a new foyer. New offices needed to house all Operations functions in one area. (This is Phase 2 of the project. FTA approved Phase 1 in the amount of \$100,000 in the FTA Grant CA-90-Y070-00.
- 7. Transit Enhancements: Pursuant to FTA guidelines, Torrance will spendat least 1% of its annual allocation on projects that provide enhanced transit amenities for our customers. Staff will use these funds to initiate the replacement of bus benches and trash cans throughout the City of Torrance.
- 8. Purchase new photocopier: Torrance will purchase a new photocopier as part of the Operations Office Remodel.
- 9. Purchase Fareboxes and Farebox Components

Purchase fareboxes, farebox components and equipment upgrades for fareboxes purchased in grant CA-90-Y105-00 as part of the Los Angeles County Universal Fare System.

Project Location -

All projects contained in this grant, except the farebox and farebox component purchase, will be carried out within the boundaries of the City of Torrance, located within Los Angeles County.

Operators in our Service Area-

Operators in our service area include: Los Angeles County Metropolitan Transportation Authority; Long Beach Transit; Culver City Municipal Bus Lines; Santa Monica's Big Blue Bus and Los Angeles DOT. We also receive feeds from the following municipal circulators: Redondo Beach Wave, Carson Circuit and the Lawndale Beat.

Availability of Funds-

Funding for the projects contained in this grant were published in the following LACMTA Funding Mark Memorandums

- 1. LACMTA memo entitled: "Fiscal Year 2003 Transit Fund Allocations" dated: June 20, 2002. FY 2003 Capital Allocation: \$2,946,413
- 2. MTOC Federal Capital Allocations FY 2000, FY 2001 and FY 2002.
- 3, MTA/BOS Universal Fare System Allocation BOS Memo dated 11-26-2002; \$1,056,000 CMAQ funds from TIP Project: LA0D07

Part 3: Budget

Project Budget

1	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	671	\$2,393,000	\$2,991,250
ACTIVITY			
11.12.40 Purchase Engines and Transmissions	23	\$640,000	\$800,000
11.14.01 REHAB/REBUILD 40-FT BUS	2	\$160,000	\$200,000
11.12.40 Purchase Bus Tires	624	\$120,000	\$150,000
11.16.01 LEASE 40-FT BUS - COP	21	\$273,000	\$341,250
11.7A.00 Preventive Maintenance	1	\$1,200,000	\$1,500,000
SCOPE			
119-00 TRANSIT ENHANCEMENTS (BUS)	0	\$48,000	\$60,000
ACTIVITY			
11.92.02 Transit Enhancements	0	\$48,000	\$60,000
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	68	\$796,000	\$910,000
ACTIVITY			
11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY	0	\$80,000	\$100,000
11.42.10 Purchase Fareboxes & Farebox Components (CMAQ)	67	\$700,000	\$790,000
11.42.20 Transit Admin Equipment - Photocopier	1	\$16,000	\$20,000
	Estimated To	otal Eligible Cost:	\$3,961,250
		Federal Share:	\$3,237,000
		Local Share:	\$724,250

OTHER (Scopes and Activities not included in Project Budget Totals)

<u>None</u>

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.11.00	BUS - ROLLING STOCK	Diesel Fuel
11.14.01	REHAB/REBUILD 40-FT BUS	Diesel (Particulate Trap)
11.16.01	LEASE 40-FT BUS - COP	Diesel Fuel

Extended Budget Descriptions

11.12.40	Purchase Engines and Transmissions	23	\$640,000	\$800,000
TIP Project N Program Year				
MTOC Fundir TDA Funding:	ng: \$640,000			
Torrance plan	ns to purchase replacement engines and transmissions for the bus fleet.			
11.14.01	REHAB/REBUILD 40-FT BUS	2	\$160,000	\$200,000
TIP Project N	o. LA01B114			

Program Years: FY 2003

FTA Funding: \$160,000 STA Funding: \$ 40,000

Bus Refurbishment: Refurbish and rebuild two 40ft transit buses. Replace/rebuild engines and transmissions; new seats, new interior, new headsigns, new

paint, etc.

Buses to be refurbished:

1991 Gillig Phantom

Unit 442 VIN: M1084006 Mileage:275,000

Reason:FTA Approved 12 year rehabilitation

1991 Gillig Phantom Unit 442 VIN:M1084007 Mileage:275,000

Reason: FTA Approved 12 year rehabilitation

11.12.40 Purchase Bus Tires 624 \$120,000 \$150,000

TIp Project No: LA0B203 Program Years: FY 2003

FTA Funding: \$120,000 STA Funds: \$30,000

Purchase replacement tires for the bus fleet.

11.16.01 LEASE 40-FT BUS - COP 21 \$273,000 \$341,250

TIP Project No: LA57808 Program Year: FY 2003

FTA Funding: \$273,000 STA Funding: \$68,250

The City of Torrance issued Certificates of Participation to purchase 21 buses. The COP's are valid for twelve years. For FY 2003, this is the tenth year of a

twelve year lease.

11.7A.00 Preventive Maintenance 1 \$1,200,000 \$1,500,000

TIP Project No: LA01B111 Program Year: FY 2003 FTA Funding: \$1,200,000 TDA Funding: \$300,00

Torrance will use the funds to defray the costs of maintaining our bus fleet.

All project funds will be used for vehicle maintenance costs

11.92.02 Transit Enhancements 0 \$48,000 \$60,000

TIP Project No. LA0D11 Program Years: FY 2003

FTA Funding: \$48,000 STA Funding: \$12,000

Transit Enhancements: Pursuant to FTA guidelines, Torrance will spend at least 1% of its annual allocation on projects that provide enhanced transit amenities for our customers. Torrance staff will use these funds to initiate the replacement of bus benches and trash cans throughout the City of Torrance.

 11.44.01
 REHAB/RENOVATE - ADMINISTRATIVE FACILITY
 0
 \$80,000
 \$100,000

TIP Project No. LA0B201 Progam Year: FY 2003

FTA Funding: \$80,000 STA Funding: \$20,000

Application for Fe	ederal $_{ op}$	2. Date	Submit	ted	Applicant Identifier
Assistance			05/14/0		S-03-MC-06-0510
Type of Submission:		3. Date F	Receive	ed by State	State Application Identifier
Application: Not Applicable Preapplication:		4. Date	Receiv	ed by Federal Agency	Federal Identifier
5. Applicant Information					
Legal Name				Organizational Unit	ad Community Dayslanmant
City of Bakersfield Address				Contact	nd Community Development
Economic and Commu 900 Truxtun Avenue, S Bakersfield, CA 93301		nt		C C	Development (
Kern					MAR 2 5 200 3
6. Employer Identification Number 956000672 8. Type of Application: Type: New	oer (EIN):			7. Type of Applicant Municipal 9. Name of Federal U.S. Dept. o	STATE CLEARING HOUSE
10. Catalog of Federal Domesti Catalog Number: 14.2 Assistance Title: Emergence 12. Areas affected by Project: City of Bakersfield				Emergency Provides fur emergency the costs of providing ce programs.	of Applicant's Project: Shelter Grant. Index to improve the quality of existing shelters for the homeless, helps meel operating emergency shelters, rtain essential services, and preventions.
13. Proposed Project:		1	4. Con	gressional Districts of:	
	Date	а	. Applic	cant	b. Project
07/01/03	06/30/04			20 th and 21 st	20 th and 21st
15. Estimated Funding:					Review by State Executive Order 1237
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b. Applicant		\$107,00	Re	eview Status: Program	not covered
z. r.ppnodrit		9	so	· ·	
c. State					
			BO		
d. Local			60 1 <i>7</i>	. Is the Applicant Deling	uent on Any Federal Debt?
e. Other	<u> </u>				
c. Gallor		5	80 No		
f. Program Income					
			BO		
g. Total		\$107,00	20		
		ata in this	applica		ue and correct, the document has been e attached assurances if the assistance
a. Typed Name of Authorized Re	presentative	b. Title		311111111111111111111111111111111111111	c. Telephone Number
Alan Tandy	antativo L	City Man	ager		(661) 326-3751
d. Signature of Authorized Represe	entative				e. Date Signed

0.00	2. DATE SUBMITTED			
FEDERAL ASSISTANCE		29, 2003	Applicant Identifier	
	3. DATE RECEIVED BY	STATE	State Application Identifier	
Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction				
E PARK CREEK	ASSOCIATES, A	CALIFORNIA	LIMITED PARTNERSHIP	
and zip code):		· ·	number of person to be contacted on matters involving	
ie South, Nampa		this application (give a Gar-Mar Asso	rea code) ociates / Attn: Margo 530/823-9250	
		7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
N NUMBER (E/N).		7. 111 E OI AL : Elor	N	
		A. State	H. Independent School Dist.	
		B. County	State Controlled Institution of Higher Learning	
✓ Continuation	Revision	·	J. Private University K. Indian Tribe	
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er(s) in box(es)			M. Profit Organization	
rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Partnership	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				
			AL AGENCY:	
		UNITED STATE	S DEPARTMENT OF AGRICULTURE	
OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
	10-415	PARK CREEK V	ILLAGE - Affordable rental housing	
Uousing Section 515	/DDU 515\	apartment project - 48 total units consisting of 16/2-bdrm,		
		24/3-bdrm, & 8/4-bdrm units to be built on 3.45 acres located on the northeast corner of Walnut & Ventura Avenues in Farmersville, Tulare County, California.		
•	1165, 616.7.			
ity, California		Avenues in Farm	nersville, Tulare County, California.	
14. CONGRESSIONAL DI	STRICTS OF:			
a. Applicant		b. Project	D: 41 4 HAT	
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	Construction Non-Construction E PARK CREEK And zip code): See South, Nampa, Idaho 83653 NUMBER (EIN): Continuation er(s) in box(es) rease Award C. Increase specify): Comparison Section 515 DIECT (Cities, Counties, States) The property of the control o	Preapplication Construction Non-Construction E PARK CREEK ASSOCIATES, A and zip code): Be South, Nampa, Idaho 83653 NUMBER (EIN): Continuation Per(s) in box(es) Prease Award C. Increase Duration Revision Commercial Continuation Presserved Commercial	Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Organizational Unit: CALIFORNIA Name and telephone this application (give a Gar-Mar Associated and selection): Revision Continuation Revision Prease Award C. Increase Duration Revision Companizational Unit: CALIFORNIA Name and telephone this application (give a Gar-Mar Associated and present this application (give a Gar-Mar Associated and give and g	

OMB Approval No. 0348-0043

APPLICATI FEDERAL		CE	2. DATE SUBMITTED March 19,		Applicant Identifier	B Approval No. 0348-0043
1. TYPE OF SUBMISS Application	Preapplic		3. DATE RECEIVED E	BY STATE	State Application Identifier	
☐ Construction	Consi		4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier 5U79SM54272-02	
Non-Construction		Construction				
5. APPLICANT INFOF Legal Name:	RMATION			Organizational Unit:		
Miller Chi	ildren's Ho			1	lence Intervention	
Address (give city, cou				Name and telephone application (give are	number of the person to be contacted a code)	on matters involving this
2801 Atlantic Avenue Long Beach, County of Los Angeles, CA 90806					Lanktree, Ph.D. 933-0590	
6. EMPLOYER IDENT				7. TYPE OF APPLIC	CANT: (enter appropriate letter in box)	N
8. TYPE OF APPLICA	ATION:	7 0 3 1	n 🗍 Revision	A. State B. County C. Municipal D. Township	J. Private UniversityK. Indian Tribe	Dist. titution of Higher Learning
If Revision, enter appropriate letter(s) in box(es): A. Increase Award D. Decrease Duration Other (specify):			ncrease Duration	E. Interstate F. Intermunicip G. Special Distr	ici N. Other (Opecity).	n-Profit Hospita
D. Decrease Durati	on one (speen)	,		SAMHSA:		
10. CATALOG OF FE ASSISTANCE NU				11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
TITLE:						
12. AREAS AFFECTI						
Hill, Arte	Long Beach esia, Cerri	tos, Lomi	ta, Bellflow	er,	-	
			Norwalk, Dow		od	
13. PROPOSED PRO	Ending Date	a. Applicant	NORAL DISTRICTS OF	•	b. Project	
9/30/03	9/29/04	1	trict/Stephe		37th Millender- 38th Horn & 39t	th Royce
15. ESTIMATED FUN	IDING:		16. IS APPLICA	TION SUBJECT TO F	EVIEW BY STATE EXECUTIVE ORDI	ER 12372 PROCESS?
a. Federal	\$ 340,0	00.	.00 a. YES.T	HIS PREAPPLICATION R 12372 PROCESS FO	N/APPLICATION WAS MADE AVAILATED REVIEW ON:	BLE TO THE STATE EXECUTIVE
b. Applicant	\$.00 DATE	March 19	2003	
c. State	\$.00 b. NO.	PROGRAM IS NOT	COVERED BY E.O. 12372	MAR 2 4 2003
d. Local	\$.00	OR PROGRAM HAS	NOT BEEN SELECTED STATE	REVIEW
e. Other	\$.00		COVERED BY E.O. 12372	E CLEARING HOL
f. Program Income	\$.00 17. IS APPLICA	ATION DELINQUENT If "Yes," attach an ex	OH ART FEDERAL DEDT.	⊠ No
g. TOTAL	\$ 340,0		.00	· .		
18. TO THE BEST OF	MY KNOWLEDGE AN	ND BELIEF, ALL D. OF THE APPLICA	ATA IN THIS APPLICATI NT AND THE APPLICAN	ON/PREAPPLICATION	ARE TRUE AND CORRECT, THE DOO THE ATTACHED ASSURANCES IF T	CUMENT HAS BEEN DULY HE ASSISTANCE IS AWARDED.
a. Typed Name of			•	b. Title Administ		c. Telephone number (562) 933-8001
d. Signature of Aut	Norized Representa	live				e. Date Signed March 19, 2003

	TANCE	2. DATE SUBMIT	TED	Applicant Identifier
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIV	ED BY STATE	State Application Identifier
Application Construction Non-Construction	Construction Non-Construction	l l	ED BY FEDERAL AGENCY	Federal Identifier
S. APPLICANT INFORMATI	ON			
egal Name:			Organizational Unit:	
	blic Utility Dis	trict	Board of D	irectors
Address (give city, county, St			this application (give	number of person to be contacted on matters in
P.O. Box 1014 Earlimart, CA				eller, R.C.E.
. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):			ANT: (enter appropriate letter in box)
94-603	8 1 5 4		A. State	H. Independent School Dist.
. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
X N	New Continuation	Revision	C. Municipal	J. Private University
Revision, enter appropriate	letter(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual
,			F. Intermunicipal	M. Profit Organization
		ase Duration	G. Special District	
D. Decrease Duration Other	er(specify):			
			9. NAME OF FEDERA	ALAGENCY: tes Department of Agricultu
,			Rural Devel	
CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	11 14 4 5 m m		-
, CATALOG OF PEDERAL	DOMESTIC ASSISTANCE			TLE OF APPLICANT'S PROJECT:
Water &	w Waste	[10 - 76]	0	
TITLE: Disposa	al Loan and Gran	t Program	Intercept	or and Sewer Relief Pipelin
. AREAS AFFECTED BY P	ROJECT (Cities, Counties, S	tates, etc.):		101 E G E 1 W
Earlimart, Cal	Lifornia			1131
. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:		HILL MAR O
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nd Date Ending Date	a Applicant		Ib Basinet	MAII 2 4 2003
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7/03 3/04 ESTIMATED FUNDING: Federal Applicant State	\$ 1,0 \$ \$	0	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREAL AVAILABLE PROCESS F DATE b. No. PROGRAI OR PROG FOR REVI	STATE CLEAR SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 15 0 3 M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW
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7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local	21st	0	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREA: AVAILABLE PROCESS F DATE b. No. PROGRAI OR PROG FOR REVI	STATE CLEAR SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOURCE OF STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOURCE OF STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOURCE OF STATE EXECUTIVE ORDER 12372 FOR REVIEW ON SELECTED BY STATE EW T DELINQUENT ON ANY FEDERAL DEBT?
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7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local Dither TOTAL TO THE BEST OF MY KNO	\$ 1,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ AUTHORIZED BY THE GO	0	DATE D. No. PROGRAI OR PROGRAI D. No. Yes If "Yes," at	STATE CLEAR SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SO O 3 M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW T DELINQUENT ON ANY FEDERAL DEBT? Itach an explanation.
7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local Dither TOTAL TO THE BEST OF MY KNO CUMENT HAS BEEN DULY TACHED ASSURANCES IF	\$ 1,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 °° 0 °° 0 °° 006,000 °° L DATA IN THIS APPI	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREAL AVAILABLE PROCESS F DATE b. No. PROGRAI OR PROG FOR REVI 17. IS THE APPLICAN Yes if "Yes," at	STATE CLEAR SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOR REVIEW ON: SOR REVIEW ON: SOR REVIEW ON: TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOR REVIEW ON: TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON TO SELECTED BY STATE EW TO DELINQUENT ON ANY FEDERAL DEBT? It such an explanation.
7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local Other TOTAL TO THE BEST OF MY KNO ICUMENT HAS BEEN DULY TACHED ASSURANCES IF ype Name of Authorized Rep	\$ 1,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREA: AVAILABLE PROCESS F DATE b. No. PROGRAI OR PROG FOR REVI 17. IS THE APPLICAN Yes If Yes, at LICATION/PREAPPLICATION THE APPLICANT AND THE	STATE CLEAN SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SO O 3 M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW T DELINQUENT ON ANY FEDERAL DEBT? Itach an explanation. NO ON ARE TRUE AND CORRECT, THE EXPLICANT WILL COMPLY WITH THE
7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local Other TOTAL TO THE BEST OF MY KNO ICUMENT HAS BEEN DULY TACHED ASSURANCES IF ype Name of Authorized Rep	\$ 1,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREAL AVAILABLE PROCESS F DATE b. No. PROGRAM OR PROG FOR REVI 17. IS THE APPLICAN I Yes If "Yes," at LICATION/PREAPPLICATION THE APPLICANT AND THE dent, of Directors	STATE OF SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SOLUTION OF SUBJECT OF SUBJE
7/03 3/04 ESTIMATED FUNDING: Federal Applicant State Local Dither TOTAL TO THE BEST OF MY KNO CUMENT HAS BEEN DULY TACHED ASSURANCES IF ype Name of Authorized Rep	\$ 1,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0	21st 16. IS APPLICATION: ORDER 12372 PR a. YES. THIS PREAL AVAILABLE PROCESS F DATE b. No. PROGRAM OR PROG FOR REVI 17. IS THE APPLICAN I Yes If "Yes," at LICATION/PREAPPLICATION THE APPLICANT AND THE dent, of Directors	STATE CLEAN SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: SO O 3 M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW T DELINQUENT ON ANY FEDERAL DEBT? Itach an explanation. ON ARE TRUE AND CORRECT, THE EXPLICANT WILL COMPLY WITH THE

APPLICA	TION FOR				OMB Approval No. 0348-004	
	L ASSISTA		2. DATE SUBMITTED March 2	0, 2003	Applicant Identifier	
1. TYPE OF S	UBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application		Preapplication				
Constru	ction nstruction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
	INFORMATION		<u> </u>		, , , , , , , , , , , , , , , , , , , ,	
Legal Name:			-	Organizational Unit:		
		University of Califo	mia	BAS - UC MBEST Center		
, , ,	city, county, State	e, and zip code):		1	number of person to be contacted on matters involving	
1156 Hig				this application (give a Patricia Ponzi	ini (831) 459-5580	
Santa Cri	uz, CA 950	64				
6. EMPLOYER	IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NNT: (enter appropriate letter in box)	
9 4 -	- 1 5 3 9	5 6 3		1		
8. TYPE OF A	PPI ICATION:			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
0. 1 A L O A		По	Revision	C. Municipal	J. Private University	
	∠ Nev	w ☐ Continuation	☐ Kevision	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)				E. Interstate	L. Individual	
A branch Award D Decrease Award C branch Dwelling			- Duration	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				G. Special District	N. Other (Specify)	
				9. NAME OF FEDERA	AL AGENCY:	
				U.S. Department	of Agriculture	
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
			10-769	Monterey Ray En	terprise Development Element	
7171	- Dural Duain	aaa Entamriaa Craat		Montercy Bay En	norprise Development Element	
		ess Enterprise Grant DJECT (Cities, Counties, Sta	ates. etc.):			
		•	,	:		
City of Ivian		County, California				
13. PROPOSE	D PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project		
6/1/03	7/31/04	17	th		17th	
15. ESTIMATE	D FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal		\$	00	ORDER 12372 PR	OCESS?	
a. r odorar		*	200,000	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE	
b. Applicant		\$.00	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State \$		110,000	DATE	03/20/03		
d. Local		\$.00			
e. Other \$		\$.00		M IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE	
	ma	s	.00	, ORTEV		
f. Program Inco	me			15 16 ST.		
f. Program Inco		S	310,000		T DELINQUENT ON ANY FEDERAL DEBT? Ittach an explanation.	

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Sue Kato	Sr. Research Administrator
d. Signature of Authorized Representative	
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c. Telephone Number (831) 459-3144 e. Date Signed

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MAR 2 4 2003

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED March 1	9, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Del Norte Housing D	evelopment Corpo	ration		HDC
Address (give city, county, State,	and zip code):			number of person to be contacted on matters involving
286 M Street, Suite A			this application (give all Carol Meza	rea code) 707 /64 7//1
Crescent City, CA 9	5531		Caronivieza	707-404-7441
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
68-0360	3 3 6			N
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
New	☐ Continuation	Revision	C. Municipal	J. Private University
-		Kevision	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
A. Increase Award B. Decr	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non Profit
D. Decrease Duration Other(specify):			G. Special District	N. Other (Specify)
			9. NAME OF FEDERA	L AGENCY:
			USDA- RHS & 51	4/516 FLH
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
		1 0 — 4 1 5	JARDIN DE LAS	FLORES, affordable farm labor rental
TITLE: Rural Rental	housing		housing, Healthca	are Clinic and Community Center facility
12. AREAS AFFECTED BY PRO		tes, etc.):		
Smith River, Del Norte Co	unty, California			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
	***************************************		·	
Start Date Ending Date 9/30/05	a. ApplicantFirst Congress		b. Project	est Consessional District
15. ESTIMATED FUNDING:	That Congress	ional District		rst Congressional District SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	
a. Federal	\$,000,000		
b. Applicant	\$	00		PPLICATION/APPLICATION WAS MADE
b. Applicant	Φ	391,224		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	000		03/19/03
d. Local		,000,000	DATE	
d. Local	\$	33,250	b. No. П PROGRAI	M IS NOT COVERED BY E. O. 12372
e. Other	\$ 1	,717,800 ^{.00}	_	RAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00	17 IS THE ADDITION	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00		
		,142,274		ttach an explanation.
				ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T			APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Repre Dennis Conger /)		b. Title Executive director		c. Telephone Number (707) 464-7441
d. Signature of Authorized Repres				e. Date Signed / 9 / 0 3
Brazione Edition Harris	n long			
Previous Edition Usable Authorized for Local Reproduction	<i>9</i>	/ UU MAR	2 4 2003	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
			Brandywa	Frescribed by Own Circular A-102
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		DIAIE	EARING HOUS	Euro Euro

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				OMB Approval No. 0348-0043	
APPLICATION FOR FEDERAL ASSISTANCE		2 DATE SUBMITTED March 20, 2003		Applicant Identifier	
I. TYPE OF SUBMISSION:	T .	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal identifier	
Non-Construction	Non-Construction				
5. <u>APPLICANT INFORMATION</u> Legal Name: California FarmLink			Organizational Unit:	number of person to be contacted on matters involving	
Address (give city, county, State P.O. Box 2224, Seb	e, and zip code): astopol, CA 95473		the application (give a Steve D. Sch	wartz, (707)829-1691	
6. EMPLOYER IDENTIFICATE	ON NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)	
94-333	2 6 3 0		A. State	H. Independent School Dist.	

94-3332	6 3 0		A. State	H. Independent School Dist. I. State Controlled Institution of	Higher Learning
V. IIICI 6434 / Walie	ter(s) in box(ea)	Revision Duration	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Non-	Profit
D. Decresse Duration Other	(specify):		9. NAME OF FEDER		
			USDA Rural De		
10. CATALOG OF FEDERAL I		1 0 - 7 6 9	11. DESCRIPTIVE TO "Promoting Agric Farm Transfers"	TLE OF APPLICANT'S PROJE cultural Enterprise Develo	pment and
TITLE: Rural Busin 12. AREAS AFFECTED BY PR CA Counties incl; Son, F		, States, etc.):			AR 2 1 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL			STATEC	LEARING HO
Start Date	a. Applicant	01	b. Project 01,0	02,03,04,06,11,17,18,19,2	0,22
15. ESTIMATED FUNDING:			16, IS APPLICATION	N SUBJECT TO REVIEW BY ST PROCESS?	ALE EXCOUNT
a. Federal	\$	96,000	YES THIS PRE	EAPPLICATION/APPLICATION (LE TO THE STATE EXECUTIVE	WAS MADE
b. Applicant	\$	3,410 ຶ		S FOR REVIEW ON:	
c. State	\$.00	DATE	03/20/03	
d. Local	\$,00	b. No. PROGE	RAM IS NOT COVERED BY E. C OGRAM HAS NOT BEEN SELE!	D. 12372 CYED BY STATE
e. Other	\$	73,000	FORRI		
f, Program Income	\$.00		ANT DELINQUENT ON ANY FE	
g. TOTAL	\$	172.410	1	attach an explanation.	No THE
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY TH	E COAFKWING BODI OLI	CATION/PREAPPLIC HE APPLICANT AND	ATION ARE TRUE AND CORRI THE APPLICANT WILL COMPI	LY WITH THE
a. Type Name of Authorized R Steve D. Schwartz	epresentative	b. Title Executive Directo	r	c. Telephone Number (707) 829-1691 e. Date Signed	

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d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed

MAR 21	'03 12:10PM AQMI) FT 'ANCE		P.1	
MED ED AL AGAIGMALAN		2, DATE SUBMITTEL 3/21/2003	Applicant Identifier		
1. TYPE OF SUBMISSI Application	Pregration .		3. DATE RECEIVED BY STATE	State Application Identifier	
☐ Construction √ Non-Construction		☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Foderal Identifier	
5. APPLICANT INFORM	MATION				
Legal Name:		AGEMENT DISTRICT	Organizational Unit;		
Address (give sity, county 21865 E. COPL DIAMOND BAR	EY DRIVE		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTI 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency		
8. TYPE OF APPLICATION: √ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(cs): ☐ ☐ ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Ag	ency	
	BRAL ANCE NUMBER <u>: 66,606</u> veys, Studies, Investigations, Spe	cial Projects	11. DESCRIPTIVE TITLE OF APPLICANTS PRO \$103 Port of Long Beach (PoLB)	JECT;	
12. AREAS AFFECTED	BY PROJECT (cities, counties,	states, etc.);			
	on-desert areas of Los e, and Bernardino Cour				
13. PROPOSED PROJECT:		14. CONGRESSIONAL			
Start Date 5/31/2003	End Date 9/30/2005	a. Applicant: 24-48	b. Project; 24-48		
15. Estimated Punding:		MAR 2 1 2003 CLEARING HOUSE 75,000	16. IS APPLICATION SUBJECT TO REVIORDER 12372 PROCESS? a. ✓ YES. THIS PREAPPLICATION/APPLAVAILABLE TO THE STATE EXECUTED PROCESSES FOR REVIEW ON: DATE: b. NO. □ PROGRAM IS NOT COVERED BYLLD OR PROGRAM HAS NOT BEEN SEREVIEW	LICATION WAS MADE TIVE ORDER 12372 E.O. 12372	
a. Federal	Jaini	75,000			
b. Applicant		\$			
c. State		S			
d. Local c. Other		S			
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? The Year of "Year" attach an explanation.			
g TOTAL \$ 75,000					
18. TO THE BEST OF MY		DATA IN THIS APPLICATION/PREAPPLICATIO	N ARE TRUE AND CORRECT, THE DOCUMENT HAS BE ASSURANCES IF THE ASSISTANCE IS AWARDED.	EN DULY AUTHORIZED BY THE	
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.			b. Title; Executive Officer	o. Telephone Number (909) 396-2100	
					
d. Signature of Authorized		llesten		e, Date Signed Standard Form 42+A (REV 4-88) Presented by OMB Circular A-102	

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifie APPLICATION FOR FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE 1. TYPE OF State Application Identifier SUBMISSION: Application Preapplication □ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: **Imperial County Airport** County of Imperial Address (give city, county, state, and zip code) Name and telephone number of the person to be contracted on matters involving this application (give area code) 1099 Airport Road Mr. David Conn, Airport Manager Imperial, California 92251 (760) 355-7944 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В H. Interdependent School District A State 0 B. County State Controlled Institution of Higher Learning C. Municipal Private University D. Township K. Indian Tribe 8. TYPE OF APPLICATION: E. Interstate L. Individual Intermunicipal M. Profit Organization New New Continuation Revision G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): B Decrease Award Increase Award Increase Duration D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2003 Entitlements 2 6 1. Construct Airport Maintenance Building TITLE: Airport Improvement Program (AIP) 2. Reconstruct Terminal Apron 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 3. Terminal Apron Lighting Imperial, California 4. Airport Drainage and Eroision Protection - Phase I El Centro, California Imperial County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF b. Project Start Date **Ending Date** a. Applicant 05/03 09/03 #52 #52 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal 1,000,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$.00 111,111 c. State \$ DATE: \$ d. Local b. NO PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ g. TOTAL .00 1,111,111 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA. IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS **AWARDED** a. Typed Name of Authorized Representative c. Telephone number (760) 355-7944 Mr. David Conn Airport Manager d. Signature of Authorized Representative e. Date Signed

OMB Approval No. 0348-0043

APPLICAT	ION FOR				OMB Approval No. 0348-004
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED March 2	0, 2003	Applicant Identifier
1. TYPE OF SUE	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application		Preapplication			
Construct		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Cons		№ Non-Construction			
Legal Name:	NI OKMATION			Organizational Unit:	
The Rege	nts of the U	Iniversity of Califor	nia	BAS - UC MB	EST Center
Address (give cit 1156 High Santa Cruz	Street	IN E G		unis application (give a	number of person to be contacted on matters involving Tea code) ni (831) 459-5580
6. EMPLOYER II	-	LAUNADER CO.	R 2 1 2003	TYPE OF APPLICA	NT: (enter appropriate letter in box)
	<u> </u>			A. State	H. Independent School Dist.
8. TYPE OF APP	PLICATION:		LEADING HOLL	.B. County C. Municipal	I. State Controlled Institution of Higher Learning
	Now		LEARING.HOU	D. Municipal D. Township	J. Private University K. Indian Tribe
if Revision, enter	appropriate lette			E. Interstate	L. Individual
•				F. Intermunicipal	M. Profit Organization
A. Increase Aw		rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease D	uration Other(s	specify):		9. NAME OF FEDERA	II AGENCY:
		•		9. RAME OF PEDERO	a Agenot.
				U.S. Department	of Agriculture
10. CATALOG	F FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
			10-769	 Monterey Bay Er	terprise Development Element
	Dumal Busins	Loo Enternsies Creat			
		ess Enterprise Grant DJECT (Cities, Counties, Sta	fas etc.):	* -	
		County, California	100, 0(0)		
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		,
Start Date	Ending Date	a. Applicant		b. Project	
6/1/03	7/31/04	17t	h		17th
15. ESTIMATED	FUNDING:		DO	16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE COCESS?
a. Federal		S T	200,000		PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant		•	•	1	FOR REVIEW ON:
c. State		\$	110,000	DATE	03/20/03
d. Local	*	\$	_ _	NA FIRE PROCES	M IS NOT COVERED BY E. O. 12372
e. Other	<u>u</u> i van he e engans av van manna	\$	ID		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Incom	16	\$	_oo	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$	310,000	1 _	attach an explanation. No
		· ·			TON ARE TRUE AND CORRECT, THE
				E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of		THE ASSISTANCE IS AWA	b. Title		c. Telephone Number
Sue Kato			Sr. Research Admi	nistrator	(831) 459-3144
d. Signature of A	uthorized Repre	sentative			e. Date Signed 3/21/03

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APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED March 2:	2, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Sierra City Fire Prote	ction District		Organizational Unit: Fire Departme	ent
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacted on matters involving
229 Main Street, Sier	ra City, California !	96125-0257	(530) 862-153	R, Cooper, Chairman 33
6. EMPLOYER IDENTIFICATION: 6 8 — 0 4 4 4 8. TYPE OF APPLICATION: New If Revision, enter appropriate left A. Increase Award D. Decrease Duration Other/	er(s) in box(es) rease Award A A Therease specify):	LEARING HOU	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal S. Special District 9. NAME OF FEDER USDA Rural Dev	velopment ITLE OF APPLICANT'S PROJECT: and insulation on the community center
TITLE: Community 12. AREAS AFFECTED BY PRI Sierra City, Sierra County	DJECT (Cities, Counties, St		which is owned	by the Sierra City Fire Protection District.
13. PROPOSED PROJECT	14. CONGRESSIONAL D	istric to the	The Control	
Start Date Ending Date 8/1/03 9/30/03	a. Applicant Sierra City Fire P	rotection Distreict	b. Project	New roof and insulation.
8/1/03 9/30/03 15. ESTIMATED FUNDING:	Sierra Oity i iic i	TOTAL COLOR	16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE
13. ESTIMATED FORDING.			ORDER 12372 P	ROCESS?
a. Federal	\$	13,750	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	S	11,250	i i	LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:
c. State	\$.00	DATE	03/24/03
d. Local	S	ON	b. No. PROGE	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	no	FOR RE	OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
f. Program Income	\$.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	25,000		" attach an explanation. No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE G	OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
Mr. Malcolm R. Cooper d. Signature of Authorized Rep		Chairman		(530) 862-1533 e. Date Signed
1 / / / / / / / / / / / / / / / / / / /	(40)			3 72 0 5 Standard Form 424 (Rev. 7-97)
Previous Edition Usable Authorized for Local Reproduct	ion			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

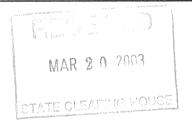
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-X887-02
Budget Number:	3 - Budget Pending Approval
Project Information:	CAPITAL ASSISTANCE

Part 1: Recipient Information

Project Number:	CA-90-X887-02
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



Part 2: Project Information

Project Type:	Grant	
Project Number:	CA-90-X887-02	
Project Description:	CAPITAL ASSISTANCE	

Gross Project Cost:	\$80,555
Adjustment Amt:	\$0
Total Eligible Cost:	\$80,555

Recipient Type:	City
FTA Project Mgr:	Powell / Ray Tellis
Recipient Contact:	3106186266 A.Rose/A.Ochoa/J.Mills
New/Amendment:	None Specified
Amend Reason:	Other
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 1998
Program Page:	195-203
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

	_
Total FTA Amt:	\$0
Total State Amt:	\$0
Total Local Amt:	\$80,555
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

Amendment No. 2: Deletion of Voice Annunciator project (Scope 11700, ALI 114243) and addition of "Engines and Transmissions" Project (TIP #LA01B112). The Voice Annunciator project will be combined with the AVL project in grant CA-90-Y105-00. Technological advancements will ensure that the cost does not increase.

Fleet status entered reflects fleet status as of March 17, 2003.

The local share of the amended project in this grant is funded with State Transit Assistance (STA) funds and Prop A Local Return funds.

View Print Page 3 of 11

Part 3: Budget

Project Budget

Project Budget	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-20 BUS - ROLLING STOCK	8	\$1,008,000	\$1,260,000
ACTIVITY			
11.12.01 PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	4	\$800,000	\$1,000,000
11.12.15 PURCHASE REPLACEMENT VANS	4	\$208,000	\$260,000
SCOPE			
111-00 BUS - ROLLING STOCK	23	\$580,000	\$725,000
ACTIVITY			
11.12.40 Purchase Engines and Transmissions	23	\$580,000	\$725,000
SCOPE			
111-60 BUS - ROLLING STOCK	1	\$299,279	\$374,099
ACTIVITY			
11.16.01 LEASE/PURCHASE REPLACEMENT40 FT. BUSES WITH LIFT	1	\$299,279	\$374,099
SCOPE			
114-20 BUS SUPPORT EQUIP/FACILITIES	11	\$160,000	\$200,000
ACTIVITY			-
11.42.05 PURCHASE OF YARD EQUIPMENT	0	\$80,000	\$100,000
11.44.02 REHAB/RENOVATE - MAINTENANCE FACILITYLAOB211LA963602	1	\$40,000	\$50,000
11.42.09 ACQUIRE - MOBILE SURV/SECURITY EQUIPLA963602	10	\$40,000	\$50,000
	Estimated To	otal Eligible Cost:	\$2,559,099
		-	
		Federal Share:	\$2,047,279
		Local Share:	\$511,820

View Print Page 4 of 11

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

UZA ID	Accounting Classification	FPC	FY	SEC	Previously Approved	<u>Amendment</u> <u>Amount</u>	Total	
60020	1998.21.90.91.1	00	2003	90	\$2,047,279	\$0	\$2,047,279	
	Total Previously Approved: \$2,047,27							
Total Amendment Amount:						\$0		
					Total from all F	Funding Sources:	\$2,047,279	

Alternative Fuel Codes

11.12	01	PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	Other
1			

Extended Budget Descriptions

11.12.01	PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	4	\$800,000	\$1,000,000				
BUSES HAV	CLES WILL REPLACE FOUR 1986 GILLIG BUSES IN THE T E REACHED THE FTA STANDARD OF 12 YEARS ACTIVE S NG 500,000 MILES SERVICE.			T. THE 1986				
11.12.15	PURCHASE REPLACEMENT VANS	4	\$208,000	\$260,000				
OVER SIX YI	THESE VEHICLES WILL REPLACE FOUR 1991 VANS IN THE DIAL-A-LIFT FLEET. IN DAILY SERVICE FOR OVER SIX YEARS TO THE DISABLED COMMUNITY, THE 1991 VANS HAVE, AS OF THIS WRITING, LGGED OVER 100,000 MILES.							
11.12.40	Purchase Engines and Transmissions	23	\$580,000	\$725,000				
TIP Project N Program Yea								
FTA Funding: \$640,000 STA Funding: \$64,445 Prop A Funds: \$80,555								
Torrance will	purchase replacement engines and transmissions for the bus	fleet.						
	LEASE/PURCHASE REPLACEMENT40 FT. BUSES WITH							
11.16.01	LIFT	1	\$299,279	\$374,099				

The state of the s					OMB Approval No. 0348-0043
APPLICATION FOR FEDERAL ASSISTANCE	2.Date S	ubmitted		Applicant Id	entifier
1. TYPE OF SUBMISSION: .	3.Date R	eceived by State	State Appl	ication Ident	ifier
Application Preapplication Construction Construction Nonconstruction Noncon	4.Date F	lec'd by Fed Agency	Federal Id	lentifier	,
5. APPLICANT INFORMATION F		To the second stands			
5. APPLICANT INFORMATION Legal Name State Water Resources Control	<u> 5 u</u>	Organizational Uni Central Valley R	egional Wat		
Address (give city, county, state, and sip code):		Name and telephone involving this app	of person lication (s	to be contact give area code	ed on matters):
State Water Resources Control Board MAR 1001 I Street Sacramento County Sacramento, CA 95814	20 2	Karen Larsen (916) 255-0746			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	-ARIN	7 TYPE OF APPLICAN	T:(enter ap	ppropriate let	ter in box) A
6 8 0 2 8 1 9 8 6 8 TYPE OF APPLICATION:	ision	A. State B. County C. Municipal D. Township E. Interstate	I. St J. P: K. I: L. I:	rivate Univers ndian Tribe ndividual	Higher Learning ity
If Revision, enter appropriate letter(s) in box(e	s):	F. Intermunicipal G. Special Distric		rofit Organiza ther (Specify)	tion ;
A. Increase Award B. Decrease Award		9. NAME OF FEDERAL			
C. Increase Duration D. Decrease Duration		U.S. Environmen		tion Adenay	
Other (Specify)		U.S. ENVIIONMEN		cron regency	
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Surveys, Studies, Investigations and Special Purpose Grants 12 AREAS AFFECTED BY PROJECT (cities, counties, stat. California	es,etc)	The long-term of Sacramento River appropriate wate thereby protect	jective of and its t quality	this program ributaries int standards for	
13.PROPOSED PROJECT	14 CONG	RESSIONAL DISTRICT C)F:		
Start Date Ending Date	a. Appl	icant		b. Project	
2/1/03 6/30/05		3		California	
±2,	APPLICAT	ION SUBJECT TO REVIE	W BY STATE	EXECUTIVE OR	DER 12372 PROCESS?
ESTIMATED FUNDING a. Federal \$ 147,000.00	ES: This Execu	Preapplication/Applitive Order 12372 pro	cation was	made availab eview on:	le to the State
b. Applicant \$.00	Date:	March 20, 2003			
a Chatc	O: F	rogram is not covere	ed by EO 12	1372.	
d. Local \$.00		or program has not be			r review.
e. Other					
f. Program 17.15 Income \$.00		ICANT DELINQUENT ON			
g. TOTAL		attach an explanation			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL T DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWAR	RNING BOL	HIS APPLICATION/PREA DY OF THE APPLICANT	PPLICATION AND THE API	ARE TRUE AND PLICANT WILL C	CORRECT, THE OMPLY WITH THE
a. Typed Name of Authorized Representative		b. Title		-	c.Telephone Number
Celeste Cantú		Executive Direct	or		(916) 341-5615
d. Signature of Authorized Representative					e. Date Signed
Previous Editions Not Usable	D 15/281 1	PEDDODUCTION		Pre	Standard Form 424 (Rev 7-97) scribed by OMB Circular A-012

APPLICATION FOR					OMB Appr	roval No. 0348-00
FEDERAL ASSISTAN	NCE	January 29, 2003		Applicant Ider	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier	
Non-Construction	Non-Construction			<u> </u>		
5. APPLICANT INFORMATION		<u> </u>	Organizational Unit:		***************************************	
Legal Name: I.O.T.D. Hispanic Re	search Center		Corporation			
Address (give city, county, State,			Name and telephone	number of pers	on to be contacted	on matters involv
5637 N. Pershing Ave Stockton, CA 95207-	enue, Suite B6b		this application (give a Roy Nunez	area code)		on manage involv
6. EMPLOYER IDENTIFICATION		·	(209) 472-043 7. TYPE OF APPLICATION		propriete letter in h	~v)
			. THE OF AFFEIG	ANT. (Briter app	Nopriale letter in Do	N
68-0269	1 3 8		A. State	H. Independe	ent School Dist.	[14]
8. TYPE OF APPLICATION:			B. County	•	olled institution of h	ligher Learning
New	✓ Continuation	Revision	C. Municipal	J. Private Uni	versity	
			D. Township	K. Indian Trib	е	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
			F. Intermunicipal	M. Profit Orga	inization	Et O
	rease Award C. Increase	Duration	G. Special District	N. Other (Spe	ecify) Non-Prof	iit Org.
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL ACENCY.		
			3. NAME OF PEDER	AL AGENCT:		
		a ²	US Department	of Agricultur	е	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPL	CANT'S PROJEC	T:
	[Rural San Joaqu	in County S	imall	
	, L		Business & Ecor			m
	Business Opp. Grants		- 20011000 & 2001	.0	opiliont i rogia	Estate Sense
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):		200		~ 0003
Manteca / Lathrop / Frence	th Camp / Ripon CA				MAR 2	() \(\frac{1}{2}\)
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			PA PA	
11th Distri⊠t		Califo	ornia		CTATE GLEAT	AING HOUSE
Start Date Ending Date	a. Applicant		b. Project		Control of the Contro	CTREE HAD GISTON
2/1/03 1/31/04	11th D	isrict		11th	Disrict	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STA	TE EXECUTIVE
			ORDER 12372 PF	ROCESS?		
a. Federal	\$	150,000				
		150,000	a. YES. THIS PREA			
b. Applicant	\$	•	i		TE EXECUTIVE O	RDER 12372
- Ct-ta		00	PROCESS	FOR REVIEW	ON:	
c. State	\$	•	DATE			
d. Local	\$	00	DATE			
u. Loodi	Ψ	•	b. No. 🛭 PROGRA	M IS NOT CO	VEDED BY E O 1	(2272
e. Other	\$	00			OT BEEN SELECTE	
In-Kind	•	25,000	FOR REV		, been been be	LD DI SINIE
f. Program Income	\$	00	1			
rog.a.n moone		•	17. IS THE APPLICAL	NT DELINQUE	NT ON ANY FEDE	PAI DERT2
g. TOTAL	\$	00	1			
	,	175,000`	Yes If "Yes,"			✓ No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRU	E AND CORRECT	, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND T	HE APPLICAN	T WILL COMPLY V	NITH THE
ATTACHED ASSURANCES IF					*****	
a. Type Name of Authorized Repr	resentative	b. Title		c. Telephone		
Roy Nunez	1 - A	Director / CEO		(209) 472-		
d. Signature of Authorized Repres	sentative //			e. Date Signe	đ	

Previous Edition Usable
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/- 2- 9 - 6 3 Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR	2. DATE SUB	AITTED		Applicant Id	entifler
FEDERAL ASSISTANCE		3-19-03	4		
1. TYPE OF SUBMISSION	3. DATE RECE	IVED BY STATE	,	State Applic	ation identifier
Application Preapplication					
☐ Construction ☐ Construction	4. DATE RECI	IVED BY FEDER	AL AGENCY	Federal Idea	ntifier
	G E I V	E n			
5. APPLICANT INFORMATION					:
	AP 1 0 200	Organizational			
Address (Give City, County, State, and Zip code):	AH 1 9 404	Name and telep	onone number	of the person to	o be contacted on matters
410 Jones Street, Ukiah, Mendocino COTAVE (California 95482	CLEARING	Involving this and the september of the	riven (707) 40	38-0194 ext 13	·
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APP	LICANT: (Ente	r appropriate let	
9 4 - 2 2 3 2 9 3	3				N
B. TYPE OF APPLICATION		A. State	н.	Independent So	chool District
⊠ New	sion	B. County		•	stit. of Higher Learning
If Revision, enter appropriate letter(s) in box(es):		C. Municipal		Private Univers	
I resident cinci appropriate service, in service,		D. Township		Indian Tribe	
A. Increase Award B. Decrease Award		E. Interstate	L	Individual	
C. Increase Duration D. Decrease Duration		F. Intermunic	cipal M.	Profit organizat	tion
Other (Specify)		G. Special D	•	Other (Specify)	Non-Profit
9. NAME OF FEDERAL AGENCY: USDA Rural Devel	lopment				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NL		11. DESCRIPTIV	ETITLE OF AP	PLICANT'S PRO	JECT:
1 0 - 7 7 3					
The Durings Opportunity Grants		Small Dlamete	er Timber (SI	T) Project • Y	ear (I
TITLE: Rural Business Opportunity Grants 12. AREA AFFECTED BY PROJECT (Cities, countles, state	es, etc.)	Sillan Diamen	at titting, (or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Covelo, Mendocino County, California					
13. PROPOSED PROJECT: 14. CONGRESSIONA	AL DISTRICTS O	P:			
Start Date End Date a. Applicant	•		b. Project	2	
6-1-03 5-31-04	2	18 IS APPLICA	TION SUBJECT		STATE EXECUTIVE ORDER
15. ESTIMATED FUNDING		12372 PROC	ESS?		
a. Federal \$67,352		a. YES. This	preapplication	application was	made available to the
b. Applicant \$		State	e Executive O	der 12372 Proc	ess for review on:
c. State \$		DATI	E: <u>3-19-03</u>		
d. Local \$		b. NO. 🔲 P	rogram is not	covered by E.O.	. 12372
e. Other \$18,855		. –	-		ted by State for review
f. Program \$		1			FEDERAL DEBT?
586 207				h an explanatio	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, DOCUMENT HAS BEEN DULY AUTHORIZED BY THE	ALL DATA IN	THIS APPLICATI	ION/PREAPPLI PLICANT AND	CATION ARE TO THE APPLICAN	T WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS A	AWAHUED.				phone Number
a. Type Hallio of Hadionized Hebitation	o. Title	ief Executive O	Micor		(707) 468-0194
Thomas F. Wagner	/	iei Executive U	mileti	a Deta	Signed
d. Signature of Authorized Representative	Edgran			3,	1/8/03
Previous Edition Usable Authorized for Local Reproduction	J	-		Pres	Standard Form 424 (Rev. 7-97) scribed by OMB Circular A-102

APPLICATION I		404\		2. DATE SUBMITT	ED 3/25/03	Applicant Identifier	
FEDERAL ASSI		424)		a DATE DECEME	D DV CTATE	State Application Identifier	
Application Construction	SSION:			3. DATE RECEIVE	ED BY FEDERAL AGENCY	Federal identifier	
X_Non-Construction							
5. APPLICANT INFOR	MATION						
Legal Name: REDWOOD COMMUI		ENCY		Organizational Uni	t: HOUSING DIVISION		
Address (give city, cou 904 G STREET EUREKA, CA 95501	inty, State, and zip	code):		Name and telepho application (give a		ontacted on matters involving this	
6. EMPLOYER IDENT	IFICATION NUME	ER (EIN):		7. TYPE OF APPI	LICANT: (enter appropriate le	etter in box) _N	
94-26. 3	<u>7 0</u>			C. Mu D. Tov E. Inte F. Inte		nization	
8. TYPE OF APPLI	CATION:			9. NAME OF FED	ERAL AGENCY:	A	
X New Continu	uation Revisi	on			Rural Housing Se	rvice D	
If Revision, enter appr	opriate letter(s) in l	oox(es)					
A. Increase Award B D. Decrease Duration		C. Increase [Ouration			MAR 1 9 2003	
10. CATALOG OF FE		C ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PI	To conduct housing tapair HOUSE	
TITLE: Housing Prese	ervation Grant Prog	jram		For owner-occ Areas of Humb	upled, very low income house poldt County.	holds within the rural	
12. AREAS AFFECTE Humboldt County	ED BY PROJECT	cities, countles,	states, etc.)				
13. PROPOSED PRO	JECT:	14. CONGR	ESSIONAL DI	STRICT OF:			
Start Date 9/1/03	Ending Date 8/31/04	a. Applicant	1 st Distri			b. Project 1 st District	
15. ESTIMATED FUN	DING:		16. IS APPLIC	CATION SUBJECT TO	O REVIEW BY STATE EXEC	UTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,00	00. 00	a. YES.	THIS PREAPPL EXECUTIVE OF	ICATION/APPLICATION WAS RDER 12372 PROCESS FOI	S MADE AVAILABLE TO THE STATE R REVIEW ON:	
b. Applicant	\$ 7,5	00.00		DATE: 3/12/03			
c. State	\$	0.00	b. NO		OT COVERED BY E.O. 12372		
d. Local	\$ 203,00			OH PHOGHAM F	IAS NOT BEEN SELECTED I	OT OTATE FUN NEVIEW	
e. Other: Sweat E.	\$ 9,2	00.00	17 IQ THE AF	PRICANT DELINO	ENT ON ANY FEDERAL DE	BT?	
f. Program Income		VV					
g. TOTAL	\$369,70		XN			nee heen duly suthorized by the	
18. To the best of my governing body of the	knowledge and be applicant and the	niet, all data in ti applicant will co	nis application/ mply with the a	preapplication are tru ittached assurances i	f the assistance is awarded.	nas been duly authorized by the	
a. Typed Name of A Lloyd Throne	Authorized Repres	entative			b. Title Executive Director	c. Telephone Number 707-269-2005	

OMB Approval No. 0348-0043

APPLICATION FOR				OIVID Approval No. 0346-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED March 1	4, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	✓ Non-Construction			
Legal Name:			Organizational Unit:	VIII.
Yuba-Sutter Econom	ic Development Co	orporation		
Address (give city, county, State,	and zip code):		1	number of person to be contacted on matters involving
1300 Franklin Road			this application (give a	area code)
Yuba City, CA 95993			Greg Thomps	son (530) 674-5636
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ANT: (enter appropriate letter in box)
6 8 - 0 3 4 2	1 4 5		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University
	,	, , , , , , , , , , , , , , , , , , , ,	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	Individual M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
	specify):			
			9. NAME OF FEDER	AL AGENCY:
			U.S. Department	t of Agriculture
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		1 0 — 7 6 9	Feasibility Study	: Stronger Contracts for Stronger Farm
TITLE: Rural Busine	ess Enterprise Grants		Economics	
12. AREAS AFFECTED BY PRO		ntes, etc.):	-	
Butte, Glenn, Tehama, Su	itter and Yuba Countie	es of California		
	<u> </u>			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
5-15-03 7-31-03	Distr	ict 2		District 2
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PI	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$	00	- ORDER 12372 FI	ROCESS !
		55,000	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00	ł.	E TO THE STATE EXECUTIVE ORDER 12372
c. State	\$	00	PROCESS	FOR REVIEW ON:
C. State	Ψ	•	DATE	03/14/03
d. Local	\$.00	1 _	
- 04	<u></u>	00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	20,500	FOR RE	
f. Program Income	\$.00		
g. TOTAL	\$	00		NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	Ψ.	75 , 50 ⁰	Yes If "Yes,"	attach an explanation.
	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLI		TION ARE TRUE AND CORRECT, THE
1			HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Tim Johnson		Executive Director	re blow b	(530) 751-8555
d. Signature of Authorized Repre	sentative			Te. Date Signed
Previous Edition/Usable			MAR 1 9 2003	Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n		WIAIT 1 J LOVO	Prescribed by OMB Circular A-102
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		CTATE	CLEARING H	OUSE
		JINIL	, What is the contra	

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED March 1	5, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL ACENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederar identifier
5. APPLICANT INFORMATION				
Legal Name:	10:4		Organizational Unit:	D64
	oys and Girls			Profit organization number of person to be contacted on matters involvin
Address (give city, county, State,			this application (give a	•
2401 Gold Rock Road California 92283	a, vvinternaven (irr	ipenai County)	J	Cindy Szloboda (928)920-0603
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
8 6 - 1 0 3 3	2 0 2		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		MANUTURE	B. County	I. State Controlled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University
_	parameter .	,	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	e Duration	F. Intermunicipal G. Special District	N. Other (Specify) Non-profit
1	specify):		C. Opposition	(45-5-1)
			9. NAME OF FEDERA	AL AGENCY:
			United States De	epartment of Agriculture
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		10-769	Camp Fire Boys	and Girls Partnership Program provides
TITLE: Rural Rusine	ess Enterprise Grant			ing and technical assitance to small
12. AREAS AFFECTED BY PRO		ites, etc.):	business	
Winterhaven, Imperial, Ca	lifornia			
			<u> </u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date 7/1/03 6/30/04	a. Applicant 52r	nd	b. Project	52nd
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PI	ROCESS?
a. Federal	\$	99,900		
b. Applicant	\$	00		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
D. Application	Ψ	20,000		FOR REVIEW ON:
c. State	\$.00		
		38,000	DATE	
d. Local	\$	46,350	b No TI PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00		GRAM HAS NOT BEEN SELECTED BY STATE
		146,050	FOR RE	VIEW
f. Program Income	\$,00	47 IO THE ADDITION	NT DELINOUENT ON ANY EEDEDAL DERTS
g. TOTAL	\$	00		NT DELINQUENT ON ANY FEDERAL DEBT?
J		350,300	Yes If "Yes,"	attach an explanation.
				TION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Cindy Szloboda	1.1	Executive Director		(928) 920-0603
d. Signature of Authorized Repre	sentative			e Date Signed 03~15~03
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Authorized for Local Reproductio	n	MAR	1 9 2003	Prescribed by OMB Circular A-102
			W	
		STATE CLE	EARING HOUS	E

OMB Approval No. 0348-0043 Applicant Identifier 2. DATE SUBMITTED APPLICATION FOR FEDERAL ASSISTANCE (SF 424) State Application Identifier 3. DATE RECEIVED BY STATE TYPE OF SUBMISSION: SAI Exempt Application Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction X Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Department of Business-Economic Opportunities Legal Name: County of Merced Name and telephone number of person to be contacted on matters involving this Address (give city, county, State, and zip code): application (give area code) 2000 M. Street John F. Fowler (209) 385-7686 Merced, CA 95340 E OF APPLICANT: (enter appropriate letter in box) B 6. EMPLOYER IDENTIFICATION NUM Independent School District State State Controlled Institution of Higher Learning 9 4 -- 6000521 В. County Private University C. Municipal 2003 MAR 17 K. Indian Tribe D. Township 1 Individual Interstate M. Profit Organization Intermunicipal F. Special District N. Other (Specify) Non-Profit___ STATE CLEARING HOUSE 9. NAME OF FEDERAL AGENCY: TYPE OF APPLICATION: United States Department of Agriculture X New __ Continuation __ Revision If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 9 Assistance for Small Businesses in Merced County TITLE: Rural Business Enterprise Grants 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Merced County, California 14. CONGRESSIONAL DISTRICT OF: 13. PROPOSED PROJECT: b. Project 18 18 a. Applicant **Ending Date** Start Date June 2003 June 2004 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STAT 78.840,00 a. YES. EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal DATE March 12, 2003 \$ b. Applicant PROGRAM IS NOT COVERED BY E.O. 12372 b. NO___ \$ c. State OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 20,000.00 \$ d. Local \$ e. Other 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ 98,840.00 Yes If "Yes" attach an explanation. g. TOTAL No 18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

b. Title

Executive Director

Typed Name of Authorized Representative

d. Signature of Authorized Representative

John F. Fowler

c. Telephone Number

(209) 385-7686

3-12-03

e. Date Signed

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED March 1	3, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	I bear			
Legal Name:	ommunity Empouy	armont	Organizational Unit:	
Desert Alliance for C Address (give city, county, State,		31110111	Name and telephone	number of person to be contacted on matters involvin
53-990 Enterprise Wa			this application (give a	rea code)
Coachella, CA 92236	= -		Jeff Hays 760	0.391.5050 x 222
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
3 3 - 0 8 5 7			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning Private University
☑ New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
R (Consist, and a spiral			F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Non-profit
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL AGENCY:
***************************************		and the second s	USDA Rural Dev	velopment
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	Personal	10-433	Housing repair p	rogram for owner occupied units of very
TITLE Housing Dro	convotion Grant		low income hous	seholds in the Cities of Blythe, Coachella
TITLE: Housing Pre	DIFCT (Cities Counties Sta	afes. etc.):	and the Desert C	Communities Empowerment Zone.
Blythe, Coachella and E.		,		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant 44th Mai	ry Bono	b. Project	44th Mary Bono
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
P 1 1	To	00	ORDER 12372 PI	ROCESS?
a. Federal	\$	100,000	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	50,000	i	E TO THE STATE EXECUTIVE ORDER 12372
c. State	\$	00	PROCESS	FOR REVIEW ON:
c. State	Ψ		DATE	03/12/03
d. Local	\$	70,000	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	5,000	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	00	- FOR RE	VIEVV
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	225,000		attach an explanation.
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICA IE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep Jeffrey A. Hays		b. Title Executive Director		c. Telephone Number (760) 391-5050
d. Signature of Mathorized Regree	sentative	□ E	G E I V E	e. Date Signed
Previous Edition Usable		——		Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n	DD M	AR 1 7 2003	Prescribed by OMB Circular A-102
		STATE (CLEARING HO	USE

OMB Approval No. 0348-0043 Applicat. Identifier 2. DATE SUBMITTED **APPLICATION FOR** 3-14-03 **FEDERAL ASSISTANCE** TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Preapplication Application Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier □ Non-Construction ☐ Non-Construction 5. APPLICATION INFORMATION Organizational Unit Legal Name SUPERIOR CALIFORNIA ECONOMIC **DEVELOPMENT DISTRICT** Name and telephone number of the person to be contacted on matters Address (give city, county, state, and zip code) involving this application (give area code) 737 Auditorium Drive, Suite A Administrative Contact **Technical Contact** Redding, Shasta County, California 96001 Robert Nash, Chief Executive Officer (530) 225-2760 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 6. EMPLOYER IDENTIFICATION NUMBER (EIN): H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University K. Indian Tribe 8. TYPE OF APPLICATION: D. Township E. Interstate L. Individual New ☐ Revision Continuation F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): If Revision, enter appropriate letter(s) in boxes(es) 9. NAME OF FEDERAL AGENCY: A. Increase Award B. Decrease Award C. Increase U.S. Department of Agriculture D. Decrease Duration Other (specify): Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 0 6 ASSISTANCE NUMBER: Expansion of rural E-Commerce Business Assistance Project TITLE: National Forest Dependent Rural Communities 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Modoc, Shasta, Siskiyou and Trinity Counties in California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project a. Applicant Start Date **Ending Date** Second (Herger) 06-30-04 Second (Herger) 07-01-03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE 35,000 a. Federal STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ DATE <u>March 14, 2003</u> 13.000 c. State \$ PROGRAM IS NOT COVERED BY E.O. 12372 NO. d. Local \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ V No If "Yes," attach an explanation. g. TOTAL \$ 48,000 ☐ Yes 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED c. Telephone number Typed Name of Authorized Representative b. Title Chief Executive Officer (530) 225-2760 Robert Nash e. Date Signed Signature of Authorized Representative 3-14-03 Standard Form 424 (REV 4-88) Previous Editions Not Usable scribed by OMB Circular A-102 Authorized for Local Reproduction MAR 1 7 2003 STATE CLEARING HOUSE

No.1874 P. 2/2

APPLICATION FO	R			OMB	Approval No. 0348-004
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED March 17, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	TATE	State Application Identifier	
Application Construction	Preapplication Construction				
		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	JN .		On		
Shasta College Fo			Organizational Unit: Shasta Colleg		
Address (give city, county, St	ate, and zip code): 3 5			number of person to be conta	acted on matters involving
Post Office Box 49	6006		this application (give a Dr. Victoria H	rea code)	
Redding CA 9604	9-6006 Adounty of	Shasta)	B.		
	TON NUMBER (E/N): MAR	17-2003-1-1	530-245-7338		- An Armyl
6 8 — 0 3 6	3 3 4 9	lam.		NT: (enter appropriate letter	N
	TOTATE OF F	AMINALIALIA	A. State	H. Independent School Dist	
B. TYPE OF APPLICATION:		ARING HOUSE	B. County	State Controlled Institutio	n of Higher Learning
₩		Revision	C. Municipal D. Township	J. Private University	
d Dauleion antergrandate	inttede) in house)	7 (7)	E. Interstate	K. Indian Tribe L. Individual	
f Revision, enter appropriate	In May (2) In DOY (22)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. I	Decresse Award C. Increas	e Duration	G. Special District		Profit Org.
	ner(specify):	o Duramat	o, opoder Massel	14 Other (Obenit) 14011	· · XIII X · XIII
D. Decitalist Stration Str	ю (вресну).		9. NAME OF FEDERA	AL AGENCY:	
			U.S. Department	t of Agriculture	
ID. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PRO	JECT:
		10-769	Community Comb	0 Education Cont	les (CDEC)
		10-10-	Community Busin	ness & Education Cent	(BF (CDEC)
TITLE: Colonia L	oans and Grants				
12. AREAS AFFECTED BY	PROJECT (Cities, Countles, St	ates, etc.):]		
Burney, County of Sha	sta, State of California		-		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
CBEC	2nd and 3rd				
Start Date Ending Date			b. Project		
10/1/03 9/30/04	Shasta Colleg	ge Foundation		community Business &	
16. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
			ORDER 12372 PF	ROCE88?	
a, Federal	8	60,000			
		000,000 M	l	APPLICATION/APPLICATIO	
b. Applicant	\$	233,212		E TO THE STATE EXECUTI	VE ORDER 12372
		233,212	PROCESS	FOR REVIEW ON:	
c. State	8	,	DATE		
d land		<u></u>	DATE		
d. Local	\$	•	A No. D DDOOD	AM IS NOT COVERED BY E	i () 42272
e. Other	\$. 30	·	am is not covered by E Gram has not been sel	
▼, ⊘ 0181	"	110,000	FOR RE		TO INC. OLVIE
f Doggram Income	8	200	- FOR INE	F 1000-T T	
f. Program Income	3		17 IN THE ADDITO	NT DELINQUENT ON ANY	EEDERAL DERT?
g. TOTAL	\$	100 0 10	1_	attach an explanation.	
		403,212			₽ No
	NOWLEDGE AND BELIEF, AI				
	JLY AUTHORIZED BY THE G		E APPLICANT AND T	HE APPLICANT WILL COM	PLY WITH THE
	IF THE ASSISTANCE IS AW			T	
a. Type Name of Authorized	Representative	b. Title		c, Telephone Number	
D. Scott Thompson		Executive Director	•	(530) 225-4877	
d. Signature of Authorized B				e. Date Signed	
D. scale	Arrisa			March 17, 2003	

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				TO E PAMBER	provalWo. 0\fa8-d043	
FEDERAL ASSISTANCE		2 DATE CHRMITTED.		Applicant Identifier		
		2. DATE SUBMITTED		INDDICATION TO THE		
		3/17/03		State Application Identifier	7 2003 1 4	
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE	State Application (centilier	, 2000	
Application	Preapplication Construction	4 DATE DECENED BY	CEDERAL ACENCY	Federal Identifier		
		4. DATE RECEIVED BY FEDERAL AGENCY		STATE CLEARING HOUSE		
Non-Construction Non-Construction 5. APPLICANT INFORMATION			<u></u>	- OMIE VEEM	AINO HOUSE	
Legal Name:		Organizational Unit:		***************************************		
INVENTORS ALLIAD	CO OF NORTHER	V CALIFORNIA	NON-PROFIT CORP-CALIFORNIA			
Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involving			
Address (give city, county, State, and zip code): 6514 ELMIRA DRIVE., REDING, SHASTA,			1 10	this application (glve area code)		
,			JIM DELA			
CACIFORNIA, 9	6001	530 - 241' - 5222 7. TYPE OF APPLICANT: (enter appropriate letter in box)				
68 0457288			A. State H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County			
New Continuation Revision			C. Municipal	J. Private University		
A New C Commodulation			O. Township	K. Indian Triba		
If Revision, onter appropriate letter(s) in box(es)			E. Interstate L. Individual			
			F. Intermunicipal	M. Profit Organization		
A. Increase Award R. Decrease Award C. Increase Duration			G. Special District N. Other (Specify)			
D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY:			
		9. NAME OF FEDERAL AGENCY.				
		U.S. DEPT. OF AGRICULTURE				
and the second s		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	11. DESCRIPTIVE II	A TONINIA DE	-1:		
		EDUCATION	EDUCATION & TRAINING OF INNOVATORS			
TITLE ROOM RIS	WACE FINTEDOM					
TITLE: RURAL BUSINESS FITTH PRISE GRANT US DA RURAL DEVELOPMENT US DA RURAL DEVELOPMENT					PANIS	
AUDERSON, SHASTA,	RURAL BUSINESS ENTERPRISE GRANTS					
OROVILLE BUTTE, CA. YREKA, SISKYYW, CA FLSCAL VEAR 2003						
13. PROPOSED PROJECT 114. CONGRESSIONAL DISTRICTS OF:						
EDI & TRUG INNOVATOR	3RD CO	WERCSSION	AL DISTRIC	T CALLFORNIX		
Start Date Ending Date	a. Applicant		b. Project	C	2	
AUGIJOB3 VIJJ, 2004 INVENTORS ALLIANCE OF N. CALIF			EDIKATOU STEAW (OG OF INNOVATORS			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
	·		ORDER 12372 PF	ROCESS?		
a. Federal	\$ 01 021		VED THE 1975	ODL (CATION/ADDI ICATIONI I	IAC MADE	
	d/) 036			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	3	•		FOR REVIEW ON:	SKDLIC 12312	
c. State	\$	06	-			
5. 5.60	31./35		DATE			
d. Local	\$	(Iti	1			
			b. No. PROGRA	AM IS NOT COVERED BY E. O.	12372	
e. Other	\$	□ OR PROGRAM HAS NOT BEEN SELECTED		TED BY STATE		
		raj	FOR REV	AIEW		
f. Program Income	\$		47 10 THE ADDITION	NY DEL MIGHENT ON ANY FEE	EDAL DERTO	
	Dil Dil		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	52171	•	Yes If "Yes,"	attach an explanation.	X No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE						
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE						
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Type Name of Authorized Representative b. Title			17	c. Telephone Number	5000	
JAMES DE LA		1/	530-241-5	aaa		
d. Signature of Authorized Refer		e. Date Signed				
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Contract to cook reduction				•		